Final

Semi Annual Narrative Report
Wisconsin Partnership Program
July--December 2005

Each of the Partnership Program sites submits a semi annual report summarizing the accomplishments, obstacles, growth, and general utilization data the programs have experienced in the previous six month period. That information, along with the State's projects and focus, are summarized here.

Census

	CC	CHP	CLA	Elder Care	Aggregate
6/30/2005	**397**	**698**	**305**	**492**	**1,892**
# Enrolled	**91**	**127**	**23**	**61**	**302**
# Disenrolled	**157***	**56**	**18**	**27**	**258**
Census 12/31/2005	**301**	**769**	**310**	**525**	**1,905**
% Change	**-24.2%**	**10.2%**	**1.6%**	**6.7%**	**0.7%**

*Many Partnership members switched to PACE to avoid the drug co-pay.

The Partnership Program increased by only 13 people during the last six-month time period because a large number of Community Care (CC) members switched from Partnership to PACE to avoid the drug co-pay.

Hospital Utilization

	CC	CHP	CLA	Elder Care	Aggregate
# of Admits	**197**	**375**	**142**	**174**	**888**
# of Days	**985**	**1,875**	**710**	**846**	**4,416**
ALOS*	**5.0**	**5.0**	**5.0**	**4.9**	**5.0**

*ALOS (Average Length of Stay)

The following utilization data has been **annualized** and converted into a traditional comparative measure of days and admits per 1,000 members per year. The data will be used to compare variances and, more importantly, to identify the reasons for the variances. The goal is to identify best practice patterns among the four sites and identify opportunities for improvement. This information **does not imply excessive or unnecessary hospital**

utilization. Importantly, each Partnership site is small and thus traditional hospital utilization measures of days and admits per thousand can and will fluctuate dramatically because of the small membership.

	CC	CHP	CLA	Elder Care	Aggregate
Admits/1000	**1,125.7**	**975.3**	**916.1**	**662.9**	**932.3**
Days/1000	**5,628.6**	**4,876.5**	**4,580.6**	**3,222.9**	**4,636.2**

As mentioned earlier, the number of days and admits per thousand can fluctuate dramatically because of the small membership.

Member's Living Situation, By Percentage of Members, December 31, 2005

	CC	CHP	CLA	Elder Care	Aggregate
Private Home	**73.0%**	**82.6%**	**94.8%**	**72.6%**	**79.7%**
CBRF	**8.2%**	**11.7%**	**2.3%**	**19.8%**	**12.3%**
Nursing Facility	**18.9%**	**5.7%**	**2.3%**	**7.6%**	**8.0%**

The vast majority of members are living in private homes within the community. The percentage of people living in a nursing home is gradually increasing over time as well as the percentage of people living in a CBRF due to an aging in place reality for elders.

Significant Outcomes and Quality Improvement Projects

Community Care (CC)

- Began operating as an HMO.
- Their 55-bed group home is being expanded to accommodate 73 residents.
- Relocated 28 School Sisters of Notre Dame from a nursing home to their convent.
- Submitted 5 RFI/RFPs in response to the State's interest in the expansion of managed long-term care programs.
- Completed the SNP application.
- Prepared for the implementation of Medicare Part D.

CHP

- CHP obtained their HMO license
- CHP obtained MA-PD status
- CHP helped to develop the West Central Wisconsin Care Management Collaborative with 9 counties and Group Health. This collaborative sought and was granted planning and implementation funding for long term care reform.
- CHP was invited to be a partner in the North Western Wisconsin Long Term Care Options collaborative of 9 counties and Group Health. This collaborative was funded for planning for long term care reform.

- We improved our Intake process to help manage the increased number of referrals that we have been receiving. We averaging about 90+ referral calls per month. Enrollment continues to increase.
- We were involved in helping relocate several residents of a local nursing home that went through downsizing and change in ownership.
- We began a contractual relationship with a new TPA – Security Health Plan of Marshfield – in December of 2005.
- Our efforts in diabetic disease management have led to better completion and recording of HgbA1c levels as well as having overall average level of all members coming down.
- We instituted a respiratory and flu season management approach with staff and members by using hand washing and alcohol based sanitizers in member's homes, as well as increased education for our DLAs to observe and report symptoms early. Our hospital rates in November and December stayed fairly level.
- We had 2 staff members become credentialed in teaching a Chronic Disease Self Management course – developed by Stanford University Medical School – to our members. This will be trialed in early 2006 with members of our Advisory Council

CLA

- Club Rec continues to meet monthly and is viewed positively by members.
- Mental health provider successfully completed a 10 week women's therapy group for members. Provider began second 10 week group with five members continuing and adding three members.
- Professional counselor with dietician certification conducted two 6 week sessions for members with obesity on a non-diet approach to weight management. Seventy-five percent of those who completed achieved weight loss, decreased compulsive eating, and improved self-esteem.
- Professional counselor with dietician certification is contracted to provide individual counseling for members with obesity.
- Agency integration of Intake department for seamless member entry into CLA and for improved efficiency of enrollment process.
- Developed tracking for member requests and approval and denials.
- HMO licensure for Partnership secured.
- Internal workgroup established to explore options to meet RBC for OCI requirements for Partnership licensure (exploring WHEFA refinancing options).
- Highlights in second half of 2005 have focused on Medicare Part D implementation, utilization reporting, risk adjustment for Medicare/Medicaid, data integrity, improved documentation, provider outreach, internal/external customer service initiatives, and staff retention.
- Assistant Medical Director for Partnership hired; start in 1/06.

Elder Care

- Elder Care requested approval to offer two new SNP options to Medicare beneficiaries. One is for people with severe or disabling chronic conditions and the second is for institutionalized Medicare beneficiaries.

- Staff have worked to develop processes to meet DHFS encounter reporting requirements. Significant programming changes to VPrime were required to prepare for storage and retrieval of data on internally provided services, and submission of data in the required format.
- Added 28 new physicians to the network. The Nurse Practitioners are working with fewer clinics but more physicians within a clinic and are achieving more efficiency.
- Completed the shift of responsibility to the team nurses for completing the functional eligibility screen. Staff feedback has been positive.
- Elder Care spent a significant amount of time preparing for the conversion of the prescription drug benefit for most Partnership enrollees from Medicaid to the Medicare Part D prescription drug benefit.
- Elder Care, in partnership with other groups, submitted five RFIs/RFPs for LTC Reform.

DHFS Staff

- Staff summarized the results of the Member Satisfaction Survey. The results are very positive and will soon be available on the Partnership web site.
- Staff will again have access to the Wisconsin hospital discharge database.
- Staff ran a regression analysis of Partnership and a matched cohort of COP members to compare hospital utilization before and after enrollment. Drs. Wiggins and Mahoney are presenting the results at a national meeting this May. The study demonstrated a statistically significant greater reduction of hospital days for Partnership members than COP waiver people.
- Staff summarized the results of the Primary Care Satisfaction Survey. The results are very positive and will soon be available on the Partnership web site.
- Staff are significantly involved in the expansion of managed long-term care programs.

Barriers and Solutions

CC

- Staffing remains a challenge, especially people with bi-lingual skills to help serve the growing Hispanic population. Have expanded marketing opportunities to reach potential hires. NPs are becoming more and more difficult to recruit and hire. A serious look at role definition will be required if this trend continues.
- Experienced several long hospitalizations for severe medical conditions.
- Turnover of our skilled ESS worker has impacted the timeliness of determining financial eligibility. We now pay Milwaukee County for 2 ESS workers.
- Continue work on procedures to collect required internal & external encounter data.

CHP

- We continue to struggle with the development of resources for members with behavioral health issues. We hired a clinical supervisor with behavioral health experience to be a resource to teams.

- Recruitment and retention of NPs has become more of an issue for us as the surrounding market is using more NPs.

CLA

- Access to dental services has been an ongoing problem, but with the establishment of new dental contracts, we believe it has been resolved.
- Insufficient adequate housing for members. We've started outreach initiatives to educate area landlords to the Partnership Program. We are also considering housing opportunities and potential partners through business development.
- Working with our transportation vendors to enhance member satisfaction related to timeliness and flexibility of scheduled rides.
- Management of ongoing payment system, internal training to identify impact of Part D Drug benefit, issues around Medicare Part A and B, and possible elimination of frailty adjuster and potential bidding process.
- Difficulty recruiting psychiatrists.
- Rising costs of health insurance for employees;
- Administrative burden related to payment methodology, claims management, inaccurate diagnosis, delayed or missing HCC's, FES and network development.

Elder Care

- Significant programming changes to VPrime were required in order to prepare for storage and retrieval of data on internally provided services, and submission of data in required formats.
- Elder Care staff worked with DHFS to develop acceptable mechanisms to report costs/rates for internally provided services in association with encounter data reporting.

Center for Delivery Systems Development (CDSD) Staff

- Staff are spending considerable time in conference calls and meetings to help implement Medicare Part D, the new rate-setting process, encounter submission, expansion of managed long-term care programs and new EQRO guidelines while maintaining ongoing responsibilities.
- The encounter reporting system is in a test acceptance mode.
- DHFS staff are working with the Medical Directors to demonstrate the effectiveness of the Partnership Program compared to a matched cohort of COP Waiver members.

Submitted by Nancy Crawford, Program & Planning Analyst
Wisconsin Partnership Program
March 2006